Approved for use through 10/31/2002. OMB 0651-0035

U.S Patent and Trademark Office, DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     |                          |
|------------------------|--------------------------|
| Filing Date            | 316102                   |
| First Named Inventor   | Kevin M. Short           |
| Title                  | Method and Apparatus for |
| Group Art Unit         |                          |
| Examiner Name          |                          |
| Attorney Docket Number | 11986/59946              |

| I hereby appoi   | int:      |                      | · · · · · · · · · · · · · · · · · · · | -            |                                      |     |
|--|-----------|----------------------|---------------------------------------|--------------|--------------------------------------|-----|
| OR   |           | Customer Number      | 26869                                 |              | Place Custor Number Bar C Label here |     |
|  |           | Name                 |                                       | Re           | gistration Number                    |     |
|  |           |                      |                                       | 110          | gistration Number                    |     |
|  |           |                      |                                       |              |                                      |     |
|  |           |                      |                                       |              |                                      |     |
|  |           |                      |                                       |              |                                      |     |
| as my/our attorn   | iev(s) or | agent(s) to prosect  | Ite the application i                 | dontified ob | ove, and to transact                 | -11 |
| business in the L  | Jnited St | ates Patent and Trac | demark Office conn                    | ected therew | ove, and to transact                 | all |
|  |           | espondence address   |                                       |              |                                      |     |
| The above-   | mention   | ed Customer Numb     | er.                                   |              |                                      |     |
| OR   |           |                      |                                       |              | Place Customer                       | 7   |
| Practitioners  | s at Cus  | tomer Number         |                                       |              | Number Bar Code Label here           |     |
| Firm or  |           |                      |                                       |              |                                      | J   |
| Individual Nar   | пе        |                      |                                       |              |                                      |     |
| Address  |           |                      |                                       |              |                                      |     |
| Address  |           |                      |                                       |              |                                      |     |
| City   |           |                      |                                       | State        | Zip                                  |     |
| Country  |           |                      |                                       |              |                                      |     |
| Telephone  |           |                      |                                       | Fax          |                                      |     |
| I am the:           X         Applicant  | /Inventor | r.                   |                                       |              |                                      |     |
|  |           |                      |                                       |              |                                      |     |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |           |                      |                                       |              |                                      |     |
| SIGNATURE of Applicant or Assignee of Record   |           |                      |                                       |              |                                      |     |
| Name   | Korri     |                      | 4.0                                   |              |                                      |     |
| Name Kevin M./ Short Signature Nevin M. Short  |           |                      |                                       |              |                                      |     |
| Date 2/29/02   |           |                      |                                       |              |                                      |     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |           |                      |                                       |              |                                      |     |
| ☐ *Total of  |           | ns are submitted.    |                                       |              |                                      |     |
| Burden Hour Statement The f  |           |                      |                                       |              |                                      |     |

Burden Hour Statement This form is estimated to take 3 minutes to complete the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DECLARATION FOR UTILITY OR  | Attorney Docket Numb | er 11986/59946 |  |  |
|---|----------------------|----------------|--|--|
| DESIGN  | First Named Inventor | Kevin M. Short |  |  |
| PATENT APPLICATION  | COMPLETE IF KNOWN    |                |  |  |
| (37 CFR 1.63)   | Application Number   |                |  |  |
| X Declaration Declaration   | Filing Date          | 3/6/02         |  |  |
| Submitted OR Submitted after Initial with Initial Filing (surcharge | Art Unit             |                |  |  |
| Filing (37 CFR 1.16 (e)) required)                                  | Examiner Name        |                |  |  |

| My residence, mailing   | address, and citizens   | ship are as stated be                       | elow next to my name.  |                         |                                |
|---|---|---|--|-------------------------|--------------------------------|
|   |   |   |  | which a patent is so    | ought on the invention entitle |
|   |   |   | or Remote Digital Ke   |                         |                                |
|   |   | (Title of the                               | a Invention)   |                         |                                |
| the specification of whi  | iich  | (Tide Or and                                | Invention  |                         |                                |
| is attached here  | eto   |   |  |                         |                                |
| OR  |   |   | -  |                         |                                |
| was filed on (MM  | 1/DD/YYYY)  |   | as United States   | Application Numbe       | er or PCT International        |
| Application Number  |   | and was amend                               | ded on (MM/DD/YYYY)  |                         | (if applicable).               |
| hereby state that I have any amendment specific   | ve reviewed and unde<br>cally referred to above   | rstand the contents                         | s of the above identified spe  | ecification, including  | g the claims, as amended b     |
| nternational filing date o  | of the continuation-in-   | part application.                           | to patentability as defined in<br>en the filing date of the prior  | or application and the  | ne national or PCT             |
| hereby claim foreign poreeder's rights certifica<br>States of America, listen<br>preeder's rights certifica<br>claimed. | priority benefits under<br>cate(s), or 365(a) of a<br>ed below and have als<br>cate(s), or any PCT in | 35 U.S.C. 119(a)-(d<br>any PCT internationa | d) or (f), or 365(b) of any fo<br>al application which designa<br>, by checking the box, any<br>tion having a filing date be | lated at least one o    | country other than the Unit    |
| Prior Foreign App<br>Number(s)  |   | Country                                     | Foreign Filing Date<br>(MM/DD/YYYY)  | Priority<br>Not Claimed | Certified Copy Attached        |
|   |   |   | (1111)   | Not Claimed             | YES NO                         |

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

| Direct all correspondence to: X Customer Number or Bar Code Label  |        | 1 /0809        |                              |          | OR Correspondence address be |                  | espondence address below |  |
|--|--------|----------------|------------------------------|----------|------------------------------|------------------|--------------------------|--|
| Name   |        |                |                              |          |                              |                  |                          |  |
| Address  |        |                |                              |          |                              |                  |                          |  |
| City   |        |                |                              | State    |                              |                  | ZIP                      |  |
| Country  | Teleph | hone           |                              |          |                              | Fax              |                          |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |        |                |                              |          |                              |                  |                          |  |
| NAME OF SOLE OR FIRST INVENTOR:  |        | A petition h   | as bee                       | n filed  | for this u                   | nsign            | ed inventor              |  |
| Given Name<br>(first and middle [if any]) Kevin M.   |        |                | Family Name or Surname Short |          |                              |                  |                          |  |
| Inventor's Signature Serven M. M.  | 02/    |                |                              |          |                              |                  | Date 2/28/02             |  |
| Residence: City Durham   |        | State NH       | Country US                   |          |                              | Citizenship $US$ |                          |  |
| Mailing Address 3 Cormorant Circle   |        |                |                              |          |                              |                  |                          |  |
| City Durham  |        | State NH       | ZIP 03824                    |          |                              | Country US       |                          |  |
| NAME OF SECOND INVENTOR:   |        | A petition has | been                         | filed fo | r this uns                   | igned            | dinventor                |  |
| Given Name<br>(first and middle [if any])  |        |                | Family Name or Surname       |          |                              |                  |                          |  |
| Inventor's<br>Signature  |        |                | Date                         |          |                              | Date             |                          |  |
| Residence: City S  |        | State Co       |                              | Count    | y US                         |                  | Citizenship              |  |
| Mailing Address  |        |                |                              |          |                              |                  |                          |  |
| City   |        | State          |                              | ZIP      |                              |                  | Country                  |  |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.  |        |                |                              |          |                              |                  |                          |  |